

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6					1	
7	1					
8	1					
9	1					
10	1					
11	1	1	1	1		
12	1					
13	1					
14	1					
15	1					
16	1					
17						
18	4	6				
19	1					
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TOTAL IND.			3			
TOTAL DEP.		16				
TOTAL CLAIMS		9				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				3		
TOTAL DEP.				16		
TOTAL CLAIMS		9				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY